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Non-medical assistance on Facebook maternal and breastfeeding support groups

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The purpose of my paper is to present the cases of non-professional types of help that breastfeeding women provide to each other virtually. The data used for the purpose of this study has been collected by literature studies and a three-year participant observation (Grzenia, 2006; Peräkylä, 2009; Angrosino, 2010; Rapley, 2010; Ciesielska, Wolanik Boström & Öhlander, 2012) of Polish Facebook support groups which agglomerate breastfeeding mothers. In order to answer the research questions posed, in one of the groups, I also asked the members (with the consent of the administrators): What is this group for you? What support was given to you here? How did being a member of this group affect your breastfeeding? What is the importance of online support in breastfeeding? I assured about anonymity and indicated that writing a comment signifies agreement to its publication. I quote some comments in this article.

The groups have been chosen by targeted choice with a regional range and nationwide coverage. Some of them have about 2 thousand mothers, the others agglomerate more than 20 thousand mothers mostly from Poland or with Polish nationality, but living abroad. I have as well collected some data during participant observation of the meetings organised for breastfeeding mothers by non-governmental organizations such as: “Malyszak” (especially during the meeting: “Women for women - non-medical

support in breastfeeding” in February this year). Additionally, I have conducted observations as a participant of the meetings of a Birth Circle and in those organised and hosted by one of the most influential organisations in Poland, that is the Foundation for Breastfeeding Promotion. I would like to admit that I am deeply engaged in this field of research.

My paper should be considered as a presentation of the results of qualitative research. Hereby, I would like to ensure that the study meets ethical standards. The groups’ administrators have been put in the know upfront that I am a sociologist and that research is being conducted. Moreover, that I shall not quote any group participants’ comments without their permission and agreement. The findings have been first recorded in a research diary and then thoroughly analyzed to present this study.

Breastfeeding as a subject of research and a social problem

I would like to first explain that the topic of breastfeeding can be approached through diverse aspects and via different disciplines. In addition, it still remains a fundamental issue from the point of view of public health. Many studies put forward that breastfeeding offers health benefits both for the child and the mother (Ball & Wright, 1999; Der & Batty, G. D. & Deary, 2006; Muß, 2008, pp. 24-35; Isaacs & Fischl 2010; Lipworth & Bailey & Trichopoulos 2010; Duijts & Jaddoe & Hofman & Moll, 2010; Lothorop 2011, p. 25-55; Nehring-Gugulska & Żukowska-Rubik & Pietkiewicz, 2015, p. 43-57). It is not only an economical, but, as well, a natural and ecological nutrition choice. Human milk is the most superior nutrition for neo-children, it is a live substance with a unique composition. It offers protection against many diseases and supports the immune system. On top of that, breastfeeding brings some advantages to mother, for example: it potentially reduces the risk of breast cancer later in life. WHO recommends exclusive breastfeeding for at least 6 months because:

“Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large. Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by World Health Organisation as the perfect food for the newborn, and feeding should be initiated within the first hour after birth. Exclusive breastfeeding is recommended up to 6 months of age, with con-

tinued breastfeeding along with appropriate complementary foods up to two years of age or beyond” (Breastfeeding, WHO).

Nevertheless, breastfeeding faces some challenges in our society because of (among other things) the aggressive advertisement of baby formula, some considerably low level of education on lactation during medical and midwifery studies, the medicalisation process, also little knowledge about breastfeeding in society itself, and last but not least, ineffective state policy regarding breastfeeding promotion (Palmer, 2011; Grayson, 2017).

Support in breastfeeding

The World Health Organization, alongside with UNICEF, released ‘Ten Steps to Successful Breastfeeding’. It is important within this area of research to highlight the tenth step which is: “Coordinate discharge so that parents and their infants have timely access to ongoing support and care” (Ten steps, WHO).

An independent American panel of experts, the United States Preventive Services Task Force, pioneered the introduction of three pillars of support in breastfeeding, these pillars are, as well, commonly referred to by a leading Polish Breastfeeding Promoter, Agata Aleksandrowicz, also known as ‘Hafija’. The first pillar says that: “Professional support is 1-on-1 counselling about breastfeeding provided by a health professional (medical, nursing, or allied professionals, including those providing lactation care” (US Preventive Services Task Force, 2016). The second one is: “formal education interventions typically include a formalized program to convey general breastfeeding knowledge, most often in the prenatal period, although some may span time periods”. And the third one, the most important part for me, is about Peer Support: “Similar to professional support, peer support provides women with 1-on-1 counselling about breastfeeding, but is delivered by a layperson (generally a mother with successful breastfeeding experience and a background similar to that of the patient) who has received training on how to provide support. Like professional support, peer support may be delivered through a variety of stages, settings, methods, and durations” (Aleksandrowicz, 2016).

According to Knoll and Schwarzer, the term ‘social support’ includes all qualitative features of interpersonal relationships, such as altruism, commitment and reciprocity (...). These authors compare social support

to the phenomenon of social integration, affection and social bonds. (Sęk & Cieślak, 2004, p. 11). “Social support often appears in difficult, stressful, critical situations (...) It responds to needs that arise as a consequence of stressful situations and events” (Sęk & Cieślak, 2004, p. 13). Undoubtedly the moment of a child’s birth is a very difficult, unknown and critical situation for many women (Kuryś, 2010). It can be stated that, at the same time, both a child and a mother are born. Sometimes after difficult delivery, often tired with postpartum issues, mothers do not know how to take care of their own newborns. Regularly they share their negative experience with Facebook support group about maternity care staff, they also write about abuse during labor and the way their rights have been violated in the hospital.

Magda Karpienia (2018, p. 2015-214), who is one of the leaders of La Leche League, describes the support in breastfeeding, among others, as helping a mother in setting and achieving goals, understanding what she wants, giving her the right to breastfeeding according to her own choice, providing empathy, appreciating the role of the mother, respecting mothers’ and children’s rights to breastfeeding, and as well, refraining from unfavorable comments.

Facebook as a place of social support in breastfeeding

It could be concluded that mothers are more likely to receive support on Facebook groups rather than from professionals in the hospital. This means that Facebook support groups are the place where they receive the very important social encouragement and understanding necessary to overcome postpartum depression. These are communities of social and social relations networks; the places where the social bond connects mothers. We should remember that Howard Rheingold defined virtual communities as: “social aggregations that emerge from the Net when enough people carry on those public discussions long enough, with sufficient human feeling, to form webs of personal relationships in cyberspace” (Rheingold, 1993).

Numerous studies indicate that people are happy to help other people on the Internet. This leads to “improvement in psychological, behavioral and mental health (...). Greater participation in the community correlates with the perception of lower life stress. Just as with the need to express aspects of their own identity, people are particularly likely to turn to online groups when shame and lack of mobility made participation in traditional problem-solving groups difficult” (Bargh & McKenna, 2009, p. 39-40). In addi-

tion, “the longer people are online, the more likely it is to use the Internet to engage in activities building social capital” (Bargh & McKenna, 2009, p. 41). Of course, this also applies to providing support and help on the Internet. Patricia Wallace wrote about this phenomenon already in 2001 in her work „Psychology of the Internet”. She noticed then that “people often confide their, often very serious, troubles to an unknown and invisible audience looking for care and consolation” (Wallace, 2001, p. 265-266). It is also a place where support can be sought by the rejected, excluded and discriminated.

The tendency to altruism on the Web is proven in numerous studies and is rooted in the sociological theory of exchange. These types of groups have their own life cycle, which Anna Królikowska wrote about in the article: “A helping hand in cyberspace. Search for help and forms of its provision on the Internet” (Królikowska, 2006, p. 173). Behavioral strategies in online support groups have been described. Particularly noteworthy is the work of Natalia Walter, entitled: ‘Internet social support. The socio-pedagogical study’ (Walter, 2016), which discusses in detail many aspects related to the issues at hand. Walter defines support on the Internet as: “online help available to an individual in a critical situation, overcoming which requires the use of external resources from virtual groups that involve people struggling in the past or present with similar difficulties. Social support available on the Internet is usually unprofessional, based on individual, highly individualized experiences of its own internet users” (Walter, 2016, p. 76).

Internet users provide and receive: information support, instrumental support, material support and emotional support.

Numerous studies in the field of social psychology show that groups exert a significant influence on people (Stephan & Stephan, 2000), and numerous complex group processes are involved in the interaction (Brown 2006). Herein, groups have their own sociometric structure that are generated through emotional and affiliate needs. As the Sherifs have shown, “people join together, interact with each other because they feel the need, no matter what form it may take” (Szmatka, 2007, p. 166). These needs may include: acceptance from others, gaining social significance, help.

Regarding the issue of breastfeeding mothers, it is very important for me to observe the need to reward each other. Nursing mothers often face social exclusion, even hate speech, violation of employee rights, and contempt. In support groups they can get a verbal, emotional reward for their life choice, for their nutritional and educational strategy, for dedication, for overcoming difficulties. This thread is extremely important in terms of

quality and quantity in the published posts and comments of female group members.

Another important factor generating the support structure is minimizing interpersonal distances by participating in the life of the Facebook group. Professional lactation assistance is concentrated in large urban centers. Women living in small towns, in the countryside or outside Poland, receive immediate help, knowledge and support thanks to the mother's Internet communities. Often this is the only help they can count on. This aid is extremely necessary because the breastfeeding period can be filled with numerous physiological, social and psychological difficulties (Prażmowska, 2009, p. 202-204).

The last factor building the sociometric structure is the similarity of attitudes. These directly affect the processes of interpersonal attractiveness, generate group cohesion, lead to its unification by strengthening the internal structure and triggering processes guaranteeing the extension of existence. The law of attractiveness is based on the fact that the higher awareness of similarities, the higher is the strength of mutual attractiveness (Griffin 2003).

Some group participant mothers have written about the information support that Internet users provide and receive:

"With the first child, I told myself that I had breasts to feed. I did not even think that I would have to give my baby any modified milk. However, there were problems at the beginning that I had to deal with myself. I came to the group quite late. Thanks to it, I found out how much good there is in a woman's milk. I planned to feed for a year, and thanks to the support on the group, I was feeding for 2.5 years. Now I have been feeding a second child for 9 months. I solved all the initial problems with the help of other mothers from the group; it was much easier to go through the floods and lactation crises" (Mother nr 1).

One of them has written about substantive support:

"The group has helped me with some problems related to breastfeeding and I do not hide that it helped me continue my milky way. Such substantive support helps because each of us has different experiences and no one is too ignorant and if it is serious they direct you to professionals" (Mother nr 2).

Women united in support groups have created a community of experiences and interests (Barney, 2008, pp. 181-192) where they help each other:

"Good morning, referring to your post on the breastfeeding support group, I can add that this particular group gave me support not so much"

technical „as mental. It brings together mind-thinking moms when it comes to feeding children. Thanks to this, it gives you the opportunity to resign (because the closest people often do not understand), praise (because you will not appreciate). It is a source of theoretical knowledge; it refers to proven and good sources on breastfeeding. Often, before the lactation consultant accepts or receives a phone call, the group can get an answer to the question. Although you have to be careful, because the answers are given by non-specialists. I think that friendships have been made here for years” (Mother nr 3).

These groups, which results from post conversational analysis, are very important to them. Women often thank responders for advice, for support, for understanding, for motivating, accompanying in difficulties and sharing the common celebration of successes, for transferring knowledge, directing to specialists, for prayer, for presence. They thank for the motivation to share their breast milk. The communication in the communities of nursing mothers results in another, undeniable benefit from the point of view of public health. From support groups are recruited mothers who become Honorary Female Milk Donors and give their milk to the Milk Bank, which after being tested and pasteurized is given to premature babies as the best food and medicine to sustain life.

The Facebook support groups that have been a subject of my research are selfless and very altruistic. Therein, breastfeeding mothers receive spontaneous, fast, and often very competent support. Indeed, sometimes supportive comments are provided in a minute or even less. Very often these facebook groups are the only source of support they receive, given that the professional sphere (doctors, nurses and midwives) or family do not support their decision about breastfeeding. As a sociologist, I see an intergenerational conflict in this area.

Facebook support groups have developed into a very important normative and comparative reference group, within the meaning of Hyman`s and Stouffer`s theory (Turowski, 2001, p. 115-127). I have observed that breastfeeding mothers create a specific social world - as Alfred Strauss understood this term, they do not only share professional knowledge with each other, but they, as well, have a social space to construct this knowledge. This is a very important topic in the sociology of scientific knowledge area (Lisowska-Magdziarz, 2009, p. 186-203). It has to be highlighted that by way of this research, it was discovered that through the functioning of the Facebook social communities, the very knowledge of breastfeeding is being constructed in a non-formal, and, most importantly, social way. This means

that both the junction of medical knowledge and mothers life experience in breastfeeding construct the platform of shared meanings, definitions, grades, life scenarios, dietary and health choices.

Michel Maffesoli states that new collectives are being created in the Internet today, he calls this process 'tribalism' (Maffesoli, 2008). Marta Olcoń-Kubicka (2009), who has researched maternal virtual communities, has discovered some significant functions of maternal Internet groups as well. She sees the functions of a maternal-oriented forum to be understood as a new tribe. This is the place of coming together to share knowledge and experiences, build social recognition of motherhood and create a mother's identity. *It is also an area to express* maternal experience as well, where the model of independent motherhood is being strengthened. Most of all, it is a place of social life. According to Olcoń-Kubicka, both pregnancy and motherhood are being socialized nowadays through the Internet. Further conclusions are that such sites promote the democratization of expert knowledge and evoke positive change in the public sphere. Over all, she proves that maternal Internet groups are a new form of community.

Anna Królikowska writes about the circle of life in the Internet support groups, she observes the motivation to help other people, altruism and empathy on the Internet (Królikowska, 2006). I too have observed via conducting this research that mothers receive many types of support through such groups. One of them is emotional support. I have recognized many supporting and very often emotional comments and reactions in groups, calming feedbacks that are the linguistic representations of care. There are many comments with a sense of belonging that aim to support the self-esteem of the members. The groups also provide informational and instrumental support. Mothers share interesting and valuable articles and data, this includes public fundraising announcements of worthy causes. What is more, it has been noticed that mothers quite often provide each other with spiritual support. This comes about because they are comparably in the same situation, they understand each other, they face the same environmental attitude. I think that one of the most important parts of support evident in these groups is the raising of self-esteem. Mothers very often face external criticism. Their choice of breastfeeding and skills in this area are often undermined. This may appear in different environments and from different groups, like within families, during doctor appointments, when reading hateful comments on the Internet. I would confirm that such groups were able to convince new mothers to breastfeed, as messages can

be seen in the posted comments thanking more experienced mothers for helping new mothers to rebuild their self-esteem:

“This group is for me a treasure of knowledge about breastfeeding :) Thanks to all women, we are still feeding today (25 months) ... if not for this group, I would probably give up a long time and who would know if I would start at all. Our beginning was very difficult including feeding my milk with a syringe, fighting with a breast pump for each milliliter, later feeding through the pads, and finally absolutely good feeding normal ;) if not for this group, looking here for answers, probably our feeding would end soon after childbirth ;) until today .. at any time of doubt or fatigue with breastfeeding, I just look here to get motivation to continue feeding :) this group confirmed me in the belief that I'm doing well that there is nothing to be ashamed that long feeding is something good :) when family or friends look at me like a madwoman with still breastfeeding my child, I get here to enter and see that, however, is not a weirdo and that what I am doing is ok ;) I recommend this group :) thank you very much for everything*” (Mother nr 4).

These actions are effective. The analysis reveals that support groups prolong breastfeeding time and build mother's self-confidence. Moreover, they positively affect the satisfaction of the breastfeeding experience (Dennis, C-L. & Hodnett, E. & Kenton, L. & Weston, J. & Zupancic, J. & Stewart, D. E. & Kiss, A., 2009; Dennis, C-L & Hodnett, E. & Gallop R. & Chalmers B., 2002; US Preventative Services Task Force, 2016). They normalize breastfeeding in society, too:

“The group showed me that many women initially have problems with breastfeeding and this is normal. Every woman is different, not everyone has a liter of milk that can be extracted. And what calmed me down the most is the fact that a lot of children just like mine are sitting a lot by the chest and it's normal” (Mother nr 5).

Another mother has written:

“Thanks to the group I really saw that breastfeeding is a normal thing and that you can feed as long as you want, it is not strange. I received help at the beginning as my little 'hung' on the boob. I was pregnant and breastfeeding. It seems to me that it's easier to ask about different breastfeeding issues here where there is a cluster of women who are/were breastfeeding and share similar views on this topic. If not for this group I would have finished my path with a quicker way. Now I have been feeding for 3 years, I am in the second pregnancy and 2 months feeding both. The small one is 20 months breastfed and still cannot see the end☺” (Mother nr 6).

Karin Muß, in a guide that is dedicated to the issue of breastfeeding, refers to a study:

“The importance of nursing groups has been known for a long time. SUSE’s research finally confirmed the need for effective care networks, including nursing groups for willing mothers. Feeding women are advised to participate in nursing groups in order to gain knowledge about health issues (...). In the breastfeeding group: 1. Feeding mothers are encouraged in their intentions and encouraged to cope well in difficult situations, 2. Breastfeeding receive competent advice on how to handle the child how to deal with feeding, 3. Exchange of experiences between mothers takes place, as a result they learn that other mothers go through or pass through the same, 4. Young mothers should make contacts, 5. Mothers should feel good in a pleasant atmosphere, conducive to openly discussing their individual problems with an advisor or speak in a group” (Muß, 2008, p. 18-19) etc.

One of the most interesting conclusions is that Internet groups devoted to the subject are building a social space of prestige, I call this the emergence of a community of exceptional people who are socializing sometimes into unanimity. Mothers mobilize themselves into support, and, in the parallel, they create their sense of internal morality, too:

“This group really supports and helps. It allows you to find a solution to the problem that almost every mother faces on her milky way and just to talk out, because unfortunately, although more and more people talk about breastfeeding, superstitions and bad theses are deeply rooted in many heads. Thanks to the group you know 1. that not only you do not have ideal breasts and a child 2. that not only your mother / grandmother / neighbor / ... think that you are feeding for too long / the child is not at all well fed ... 3. You can talk / complain and you will not be criticized. Greetings” (Mother nr 7).

Conclusions

The conclusion shall be: maternal and breastfeeding Internet support groups are examples of social networks which integrate people who are in similar social life situations, sometimes in the same critical moment. Social support in this case significantly weakens the adverse effects of stress, especially the stress of life events.

Facebook support groups are a place for the creation of social capital (Mikiewicz, 2014), They are a place for building a new platform of social

structure of maternity, and hence, a very important place of social construction of motherhood. I have observed that they are indeed the comparative and normative reference groups in contemporary motherhood. Finally, I will quote Magda Karpienia, one of the leaders of natural feeding support in Poland:

“Supporting a nursing woman is one of the pillars of the success of this special relationship between mother and child. Success on the lactation path is the basis of children’s health, and thanks to this - a healthy society. Appropriate support for women builds confidence in her, faith in her own instinct and competence, and that makes her a mother aware of her motherly role” (Karpienia, 2018, p. 214).

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Abstract:

Virtual communities have quickly become very important social spaces on the Internet. They have many different social functions. This chapter is to describe the functions of selected virtual communities and online support groups that bring together

women at an early stage of motherhood. This period is treated as critical time in women's life. The chapter presents the role of the Facebook support groups in difficult situations connected with breastfeeding. They are a place for building a new platform of social structure of maternity, and hence, a very important place of social construction of motherhood. Maternal and breastfeeding Internet support groups are examples of social networks which integrate people who are in similar social life situations, sometimes in the same critical moment. Social support in this case significantly weakens the adverse effects of stress, especially the stress of life events.